STATEMENT OF

FORM 1	ORGANIZ. (See instruction			Office use only
NAME OF COMMITTEE (in	(Check if name full) is changed)	Example: If typying, typ over the lines	e 12FE4M5	Office disc only
MAERSK INC.	GOOD GOVERNMENT FUND			
	1530 Wilson Blvd.			
ADDRESS (number and	Suite,650			
(Check if address is changed)	Arlington			22209 -
		CITY▲	STATE▲	ZIP CODE 🛦
COMMITTEE'S E-MA	L ADDRESS (Please provide only one e			
(Check if address is changed)	ceisenhauer@maer	skgov.com		
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)	, , , , , , , , ,	11111111	111111	
2. DATE 0 3	1			
3. FEC IDENTIFICA	TION NUMBER	C C00217471	·	
4. IS THIS STATEM	NEW (N) OR	X AMENDED (A	A)	
I certify that I have exami	ned this Statement and to the best of my kn	-	rect and complete	
Type or Print Name of	Treasurer Mr Clint Eisenh	auer		
Signature of Treasurer	Electronically Filed by Mr Clint I	Eisenhauer	Date 03	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	se, erroneous, or incomplete information ma		•	_
Office Use Only		For further inform Federal Election Co Toll Free 800-424-9	ommission 9530	FEC FORM 1 (Revised 02/2009)